



# VOLUNTEER EXPRESSION OF INTEREST

## 2024 SAC Speech-Language Pathology Conference Working Group

APPLICANT INFORMATION			
First Name:		Last Name:	Date:
City:	Province:	Phone Number:	
Email:		SAC Member Number:	
Work Setting: <input type="checkbox"/> Education <input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Government <input type="checkbox"/> Private Practice <input type="checkbox"/> University <input type="checkbox"/> Long Term Care <input type="checkbox"/> Student <input type="checkbox"/> Other (specify): _____			
<input type="checkbox"/> Speech-Language Pathologist	<input type="checkbox"/> Audiologist	<input type="checkbox"/> Communication Health Assistant	
<input type="checkbox"/> Student	<input type="checkbox"/> Retired		
I AM INTERESTED IN:			
<input type="checkbox"/> Conference Contributed Paper sub-working group <input type="checkbox"/> <b>Chair</b> (also a member of the conference working group) <input type="checkbox"/> <b>Member</b>			
PROVINCIAL/TERRITORIAL/NATIONAL MEMBERSHIPS in Regulatory Colleges & Professional Associations			
EXPERIENCE (as it relates to working group)			
BRIEF BIO			
PLEASE INDICATE YOUR AREAS OF PRACTICE:			
Age Group(s): <input type="checkbox"/> Pre-School (0-4) <input type="checkbox"/> School Aged (5-17) <input type="checkbox"/> Adult (18-64) <input type="checkbox"/> Senior (65+)			
Area(s) of Practice:		Area(s) of Interest:	

I consent to receiving emails regarding this volunteer application.

Please submit completed application to [bev@sac-oac.ca](mailto:bev@sac-oac.ca) by **September 15, 2023**.